

Customer's Name			IRA Plan Number
Address			Social Security Number
City	State	Zip Code	Date of Birth

I hereby revoke all prior designations (if any) of any Beneficiary(ies) of my Individual Retirement Account (IRA) Plan listed above and all accounts under this Plan, and I hereby designate the following as my Beneficiary(ies). **All Primary beneficiary shares must total 100%. All Contingent beneficiary shares must total 100%.**

Primary

Name		Social Security Number			
Address		Date of Birth			
City, State, Zip Code		Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percent	

Required if naming additional beneficiaries: Check whether a Primary or Contingent beneficiary, and complete all fields.

Primary

Contingent

Name		Social Security Number			
Address		Date of Birth			
City, State, Zip Code		Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percent	

Primary

Contingent

Name		Social Security Number			
Address		Date of Birth			
City, State, Zip Code		Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percent	

Primary

Contingent

Name		Social Security Number			
Address		Date of Birth			
City, State, Zip Code		Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percent	

Primary

Contingent

Name		Social Security Number			
Address		Date of Birth			
City, State, Zip Code		Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percent	

Spousal Consent (For residents of community property states)

If you are married, live in a community property state, and name someone other than your spouse as your Primary beneficiary for more than 50% of your plan, your spouse **must** sign below. Due to the legal and tax consequences, we recommend you and your spouse consult an attorney or tax advisor before completing this section.

I am the spouse of the Depositor. I hereby consent to the beneficiary designation made above. I understand that by giving this consent I am giving up any interest I have in the funds deposited in this IRA. I did not receive any tax or legal advice from the Bank.

Signature of Spouse _____ Date _____

Signature of Witness _____ Date _____

ACKNOWLEDGMENT: I understand that all beneficiary designations are subject to the provisions in the Traditional/Roth Individual Retirement Custodial Accounts and Disclosure Statements. This designation supersedes any prior beneficiary designations.

Customer's Signature _____ Date _____

Financial Center Name _____

